

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N.B.—McGaw, of Columbia.

McGaw.

(1) PLACE OF BIRTH
County of Columbia
Township of

or
Inc. Town of

City of Columbia
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

1891

Registration District No. 38-A Registered No. 3
(For use of Local Registrar)
St.; Ward
(No. 2531 Lee)

(2) Full Name of Child

Baby Holler

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 18, 1915</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>am. Holler</u>		(14) NAME BEFORE MARRIAGE <u>Elsie Holler</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>2531 Lee St. Columbia, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>2531 Lee St. Columbia, S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Hickory, N.C.</u>		(18) BIRTHPLACE <u>Charlotte, N.C.</u>		
(13) OCCUPATION <u>Plumber</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was stillborn at 1:20 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. B. Ashmore
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 18, 1915 (28) William Ashmore
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

V

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.